

NOV 28 2007

VIA FACSIMILE 571-273-8300

14 Pages Total

FEE AUTHORIZATION / AMENDMENT TRANSMITTAL

Attorney's Docket No: 3374-US-NP

Serial No.	Filing Date	Examiner	Group Art Unit
10/620,064	July 15, 2003	LANKFORD, Leon Jr.	1651

In Re Application of Brian D. FOLLSTAD

For: METHODS AND MEDIA FOR CONTROLLING SIALYLATION
OF PROTEINS PRODUCED BY MAMMALIAN CELLS

TO THE COMMISSIONER FOR PATENTS:

Applicant(s) request(s) the following extension of time under 37 CFR 1.136(a):

- One month of original due date (\$120.00)
- Two months of original due date (\$460.00)
- Three months of original due date (\$1,050.00)
- Four months of original due date (\$1,640.00)
- Five months of original due date (\$2,230.00)

A response in connection with the matter for which this extension is requested:

- is filed herewith.
- has been filed.
- The response is the filing of a continuing application, the prior application having an express abandonment conditioned on the granting of a filing date to the continuing application.

The accompanying papers include amended claims for which no additional fee is required.

The accompanying papers include amended claims the fee for which has been calculated as follows:

CLAIMS AS AMENDED

(1)	(2) Claims remaining After amendment	(3)	(4) Highest number Previously paid for	(5) No. of Extra claims present	(6)	(7) Additional Fee
Total Claims	48	Minus	48	=	0	x \$60 = \$ 0.00
Indep. Claims	8	Minus	6	=	2	x \$210 = \$ 420.00
<input type="checkbox"/> First Appearance of a multiple dependent claim					+ \$370	= \$ 0.00
Total Additional Fee for this Amendment						\$ 420.00

- * If the entry in column 2 is less than the entry in column 4, write "0" in column 5.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col 1. of a prior amendment or the number of claims originally filed.

The following other fees are incurred by the accompanying papers.

Other: _____

Please charge Deposit Account No. 09-0089 in the name of Immunex Corporation in the amount of \$420.00. A duplicate copy of this petition is attached.

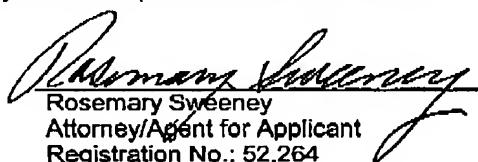
If an additional extension of time is required, please consider this a request therefore.

The Commissioner is hereby authorized to charge any additional fees which may be required by the accompanying papers, or credit any overpayment to Deposit Account No. 09-0089.

Please Send Future Correspondence To:

22932

Immunex Corporation
Law Department
1201 Amgen Court West
Seattle, Washington 98119-3105
(206) 265-7000



Rosemary Sweeney
Attorney/Agent for Applicant
Registration No.: 52,264
Phone: (206) 265-7858
Date: November 28, 2007

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence (along with any referred to as being attached or enclosed) is being transmitted to the United States Patent and Trademark Office on the date appearing below.

November 28, 2007

Date

Dale Miller

Signature

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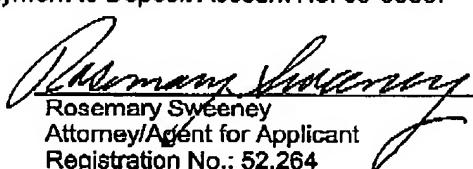
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TO THE COMMISSIONER FOR PATENTS:						
<input type="checkbox"/> Applicant(s) request(s) the following extension of time under 37 CFR 1.136(a): <ul style="list-style-type: none"> <input type="checkbox"/> One month of original due date (\$120.00) <input type="checkbox"/> Two months of original due date (\$460.00) <input type="checkbox"/> Three months of original due date (\$1,050.00) <input type="checkbox"/> Four months of original due date (\$1,640.00) <input type="checkbox"/> Five months of original due date (\$2,230.00) 						
<input type="checkbox"/> A response in connection with the matter for which this extension is requested: <ul style="list-style-type: none"> <input type="checkbox"/> is filed herewith. <input type="checkbox"/> has been filed. <input type="checkbox"/> The response is the filing of a continuing application, the prior application having an express abandonment conditioned on the granting of a filing date to the continuing application. 						
<input type="checkbox"/> The accompanying papers include amended claims for which no additional fee is required. <input checked="" type="checkbox"/> The accompanying papers include amended claims the fee for which has been calculated as follows:						
CLAIMS AS AMENDED						
(1)	(2) Claims remaining After amendment	(3)	(4) Highest number Previously paid for	(5) No. of Extra claims present	(6) Rate	(7) Additional Fee
Total Claims	48	Minus	48 =	0	x \$50	= \$ 0.00
Indep. Claims	8	Minus	6 =	2	x \$210	= \$ 420.00
<input type="checkbox"/> First Appearance of a multiple dependent claim					+ \$370	= \$ 0.00
					Total Additional Fee for this Amendment \$ 420.00	
<small> * If the entry in column 2 is less than the entry in column 4, write "0" in column 5. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space. *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col 1. of a prior amendment or the number of claims originally filed. </small>						
<input type="checkbox"/> The following other fees are incurred by the accompanying papers. <ul style="list-style-type: none"> <input type="checkbox"/> Other: _____ <input checked="" type="checkbox"/> Please charge Deposit Account No. 09-0089 in the name of Immunex Corporation in the amount of <u>\$420.00</u>. A duplicate copy of this petition is attached. <input checked="" type="checkbox"/> If an additional extension of time is required, please consider this a request therefore. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required by the accompanying papers, or credit any overpayment to Deposit Account No. 09-0089. 						
<u>Please Send Future Correspondence To:</u> 22932						
Immunex Corporation Law Department 1201 Amgen Court West Seattle, Washington 98119-3105 (206) 265-7000				 Rosemary Sweeney Attorney/Agent for Applicant Registration No.: 52,264 Phone: (206) 265-7858 Date: November 28, 2007		

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November 28, 2007

Dale M. Johnson

Signature